

LMC Update Email  
10 September 2021

Dear colleagues

## **Supporting general practice and challenging abuse – letter to the Secretary of State**

I have written a [joint letter](#) to the Secretary of State for Health and Social Care, Sajid Javid, to express our grave concern with the lack of central support, or clear public challenge by government, of increasing instances of abuse being directed towards those working in general practice and the misinformation about how they are delivering their services for patients.

We share patients' frustrations when they face long delays for an appointment or long waiting times to get through to their surgery, but we are all on the same side and all want to ensure high-quality care is delivered when needed. However, practices are facing an increasing amount of abuse, as highlighted in a recent [BMA survey](#), whilst working tirelessly throughout the pandemic.

The importance of tackling the increased abuse directed against GP practices was also highlighted in a statement in the [NHSE/I primary bulletin](#) yesterday, which followed a meeting in which we stressed the importance of this. They said: *"Everyone has the right to be safe at work, and we want to reiterate in the strongest possible terms that violence and aggression towards NHS staff is totally unacceptable. Staff facing abuse will always have our support and that of their local system. We are also working with partner organisations to develop practical support for primary care employers and employees."* We now expect them to act on this.

This situation is not acceptable and we have therefore called for the Government to publicly support and defend dedicated GPs and primary care staff against this onslaught of misinformation and abuse promoted by the media. It is essential that patient care is protected by looking after the hardworking primary care teams who provide care.

We believe that there must be accurate, timely and regular communications from the government to the public, which reflect the realities of the situation and what is being done to address the challenges facing the NHS, and particularly relating to general practice.

### GP pressures and abuse in the media

The BMA's communications department continue to support us and the profession by pushing back against attacks against general practice in some sections of the media. Most recently I had a letter published in [the Spectator](#), responding to [an editorial](#) last week entitled 'It's time for NHS GPs to stop hiding behind their telephones'. A subscription is required to access the letter, but I highlighted how millions of in-person appointments had been delivered by practices during the pandemic, while noting the absurdity of comparing the re-opening of pubs and nightclubs with the situation in general practice. I said: "How many nightclubs force very sick people, many of them elderly and living with a number of long-term illnesses, into a confined space at the same time?" I underlined how unfair it was to lay the blame for the current crisis at the door of dedicated individual GPs, and how in doing so would have a lasting impact on staff morale, recruitment and retention, and ultimately, the doctor-patient relationship.

There was also a piece in the [Express](#) in defence of GPs, some local coverage around workforce shortages in the Northumberland Gazette and Keighley News (both print). A [piece in Pulse](#) covered



the abuse faced by GPs, while a [Pulse survey](#) of 1,000 GPs showed 8 in 10 say a return to pre-pandemic levels of face-to-face appointments is not necessary. NIGPC deputy chair Dr Frances O'Hagan was interviewed on [ITV View from Stormont](#) about HSC pressures. The piece begins at 02:22 with Dr O'Hagan's interview starting at 02:44. The BMJ has written an article about GP abuse, entitled [Has abuse become the norm for NHS staff?](#)

### **GP survey - help us to help you** (England, Wales, Northern Ireland)

We know how tough it is for many GPs - that's why we want to hear directly about your experiences working as a GP. Please complete our survey to tell us about the issues affecting you most, including your workload, recruitment and your future career plans.

This is an important survey and will support our negotiations and lobbying, and is a crucial important part of our GP campaign. Your responses will also help us better understand the issues affecting GPs and ensure we are representing the profession effectively.

The [survey](#) is open until **20 September** and will take around 10-15 minutes to complete

### **Support Your Surgery campaign**

Our [Support Your Surgery](#) campaign provides GP practices with the tools to both manage expectations and to provide patients with the reality of issues facing general practice.

We now have a suite of resource materials available on the [Support Your Surgery campaign page](#) including [Support Your Surgery poster](#), as well as a [poster](#) and twitter versions explaining why practices are having to work differently during the pandemic.

We are strongly encouraging patients and the profession to sign our petition calling on Government to provide the resourcing need so we can increase the number of GPs in England – please show your support and sign it [here](#). A paper version of the petition is also available to use in practices, and which could be used for the large number of patients attending surgeries, including in forthcoming vaccination sessions. Once completed, these can be emailed back to [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk).

You can also show your support for the campaign by adding a [‘Support Your Surgery’ Twibbon](#) or [Twitter banner](#), and [Facebook banner](#) to your social media profiles.

At a time when so many are criticising general practice, we would encourage you to use this campaign to gain the support of our patients to make the changes we urgently need to see. We would ask that you continue to support the campaign in the coming weeks. [\(@BMA\\_GP\) / Twitter](#)

### **Government imposes pay transparency regulations (England)**

The Department of Health and Social Care have this week published [regulations](#) which will require GPs and their staff with NHS earnings of £150,000 and over in 2019/20 to declare these through national arrangements. This information will then be published by NHS Digital as part of the government's pay transparency agenda. In the 2019 contract negotiations, government and NHSE/I insisted on the inclusion of new pay transparency arrangements for higher earners as part of the overall package but it was also agreed that this should not solely relate to general practice but would be progressed for all those working in the NHS.

While the Government has now published [regulations](#) for general practice, to ensure GPs and their staff will have to declare their earnings over certain limits, there are at present no similar proposals for pharmacists, optometrists, dentists, consultants or other doctors in the NHS, anywhere else in the UK. As such the Government and NHSE/I have chosen to single out general practice in England

and have breached the 2019/20 agreement. We have not agreed the change. However, health ministers have instead decided to impose this on the profession.

The 2019 agreement that was reached in principle did not take into account the significant changes that have happened since, including the effect of the pandemic that has seen many GPs being willing to work longer hours and do more sessions to cope with the demand, and more recently the increased levels of abuse suffered by GPs and their teams. We strongly believe that these imposed changes risk dedicated hardworking doctors being subjected to abuse and that they will worsen the current workforce crisis if GPs seek to reduce their working commitments. It could also make it harder to recruit doctors to fill out-of-hours sessions and thereby have an impact on A&E pressures. Ultimately patients will be impacted by these unacceptable changes. We have made it clear that the government will be responsible for the consequences of this.

### **GPC England meeting with NHSE/I**

We have this week held our first formal meeting with NHSE/I since May, following agreement by the committee last week that we should do so. It was an opportunity to convey the significant strength of feeling and anger of the committee and profession about the current low morale of the profession, the workload and demand pressures, and the impact of abuse from patients and media. We described specific examples of the impact this was having on GPs and others and how it was leading to some thinking about leaving the profession. We also clearly articulated that NHSE/I, DHSC and government were not sufficiently supportive of the profession, whether through funding, through policy/contract initiatives or through explicit public statements of support and this must urgently change.

We stated that, first and foremost, the profession needs a public and repeated show of support for GPs and practices from NHS England, DHSC and wider Government, including defending the profession when criticised and a more proactive and reactive approach to counter the negative media coverage, as well as strong public statements about the unacceptability of any aggression toward GPs or practice staff. Following the meeting, NHSE/I issued a statement as highlighted above.

We pressed for rapid and significant actions to address the current situation, including an immediate suspension of QOF with income protection, not least with the ongoing blood bottle shortage but also in expectation of significant pressures with rising covid-19 cases in the coming winter, support for practices against complaints, renewed efforts to recruit and retain GPs, and an emphasis on practices rather than PCNs, highlighting the professions strength of feeling that PCNs are not the panacea for all primary care ills and cannot be the only avenue for services and funding for general practice. We made it clear that PCNs were established to build on and support their member practices as a response to rising workload, so we must develop, support and fund practices as the foundations for not only their networks but the rest of the NHS. We have also called for more ongoing support for managing the impact of the pandemic and the backlog of patients both in general practice and secondary care.

We reiterated our significant concerns with the decision to impose the declarations of earnings provisions into the GP contract, despite our protestations to NHSE/I and DHSC and without the involvement of other healthcare professionals as was agreed in 2019, and we called out the unacceptable way it was enacted. We also called for a delay to the implementation of the PCN access arrangements, so that they can be appropriately negotiated and considered by the Committee, and so that practices and PCNs are able to prepare for the implementation. The immediate priority must be resolving the current pressures for GPs and practices before spending time looking ahead to next year, not least as we face what many predict to be the worst winter for a generation.

We also insisted that the government must fund the additional employers National Insurance contributions planned for next April so that this did not fall as an added burden on to practices. NHSE/I highlighted the wording included in the Government statement that it intends to compensate departments and other public sector employers in England, including practices, at the Spending Review for the increased cost of the Levy. We have asked for NHSE/Is assurance that this will be implemented ASAP.

### **NHS Digital GP workforce data releases switch to monthly from quarterly (England)**

The latest quarterly [GP workforce data for England was released by NHS Digital](#) yesterday. As reported last month, the methodology NHSD now used no longer includes estimated data to accommodate for the small proportion of practices that have historically uploaded no or partial workforce data.

For July 2021, the new way of collecting data suggests that the fully-qualified full-time equivalent GP workforce has shrunk by 253 since June 2021 and 616 since September 2015 respectively. In reality, when reinstating previous historical estimates, fully-qualified [FTE GP numbers have actually shrunk by 1,904](#) and GP partner numbers have also [decreased by 18% since 2015](#)

We remain in dialogue with NHSD and GPCE representatives strongly raised their objection to the methodology change during our last meeting together in August. Changing the baseline now is only going to exacerbate the GP workforce crisis because we need to know where we started from in order to make positive improvements. NHSD counterparts committed to consider reinstating the estimates and to working with GPCE to find a workable solution going forward.

### **Delays in influenza vaccines**

Last week, [Segirus](#) has informed practices that due to road freight challenges, there would be a delay to scheduled delivery of influenza vaccine by one to two weeks. Our concerns about the impact of this on practices and patients were widely covered in the media in recent days. However, whilst supplies are belatedly arriving in surgeries, they still have the workload of rebooking clinics previously cancelled. Read the press release [here](#)

### Media

I spoke to Sky News about flu jab delays – access the tweet about it [here](#). Dr Farah Jameel, GPC England executive team member, was interviewed on [BBC Look East](#) (7min in). The [Hereford Times](#) reported on the issue as GPs in Hereford had to cancel appointments following delivery delays.

### **LMC role in Integrated care systems (England)**

The BMA continues to lobby on a range of issues relating to the Health and Care Bill, including strengthening the involvement of general practice, and the role of LMCs. As part of this we have co-signed a [letter](#) with other representative bodies for primary care, to Ministers and the Health and Care Bill Committee, asking for a commitment from Ministers in Committee that:

- The government honours its commitment for primary care to be represented and involved in decision-making at all levels of the Integrated Care Systems (ICS) including strategic decision-making forums through formalised roles for GPs, dentists, pharmacists, primary eye care and primary hearing care audiologists in Integrated Care Partnerships (ICPs)
- These roles are remunerated to ensure parity of availability and voice with NHS Trusts, NHS staff, social care and public health colleagues in strategic thinking and decision-making
- That existing statutory Local Representative Committees, such as LMCs, have the right put forward nominations for those roles
- Transparency and accountability - ICBs and ICPs to be under duty to explain in writing in public when they choose not to heed advice from local primary care bodies.

A [briefing](#) outlining what collectively we want government to do has also been sent to Ministers. Yesterday, BMA council chair, Dr Chaand Nagpaul, [provided oral evidence](#) to the [Public Bill Committee on the Health & Care Bill](#), alongside Sara Gorton (Unison, Head of Health).

### **Advice and Guidance – statement from GPC England**

GPC England has drafted the following statement relating to [Advice and Guidance \(A&G\)](#), following a query from an LMC who had been invited to sign up to a local scheme to use Advice and Guidance before making referrals.

*[Advice and Guidance \(A&G\)](#) is defined as non-face-to-face activity delivered by consultant-led service, which provides primary care with continued access to specialist clinical advice, enabling a patient's care to be managed in the most appropriate setting, strengthening shared decision making and avoiding unnecessary outpatient activity.*

Advice and Guidance as a service needs to be clearly defined in its role and what it is trying to achieve. When used to support and enhance professional interaction between GP and specialist it can be a helpful tool and a good adjunct to the normal referral arrangements, reducing waiting time, preventing delays to care. It should provide GPs with quick and relevant advice and guidance from a consultant.

Whilst A&G can be helpful as an option when it is clinically appropriate, we would be concerned about any scheme that compelled its use prior to onward referral for further specialist assessment. This could result in unnecessary and avoidable delays to care, it will result in additional unresourced transferred workload in primary care, and thereby impact the care of others, but could also theoretically result in greater medicolegal risk if GPs became responsible for patients and treatments they did not have the competence to deal with appropriately.

If A&G is being used as part of referral management or waiting list initiative by acute trusts or commissioners, it must be adequately resourced and appropriately commissioned with the wider implications for general practice clearly assessed. Local medical committees must be involved in these discussions. Unfunded transfer of workload into general practice is unacceptable as this does not only add further burden to an already overstretched service, but also has the potential to worsen access to general practice services for all patients.

It should always be voluntary for practices to take part in schemes such as this and the principle should be similar to shared care agreements, in that the clinician must feel able and competent to carry out any recommended investigations and ongoing management as advised, they should be aware that they will carry clinical responsibility for the patient until seen by secondary care.

Practices should never be put in the position of having a financial incentive not to refer a patient, which goes against [GMC responsibilities](#) (78. *You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients*) and the [GMS contract regulations](#):

[17.5 \(b\) making available such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under the Act and liaison with other health care professionals involved in the patient's treatment and care.](#)

### **GPC UK by-election**

We have now opened nominations for the following GPC by-elections:

- Hampshire / Isle of Wight (1 session term 2021-22)
- Buckinghamshire / Oxfordshire (2 session term 2021 – 2023)
- East / West Sussex (3 session term 2021 – 2024)

If you would like to submit a nomination, please go to <https://elections.bma.org.uk/>.

Nominations will close on midday on Wednesday 22 September. If you have any questions about the elections please email [elections@bma.org.uk](mailto:elections@bma.org.uk)

### **Survey of practices' experiences of using PCSE payments and pensions portal in August (England)**

A reminder to please fill in our joint [survey](#) (with the Institute of General Practice Management), for practices and practice managers to learn of their experiences of using the PCSE payments and pensions portal during August specifically. We are also keen to know about your experiences of contacting PCSE for support around issues raised around the portal since it came into use on 1 June.

We know how incredibly busy practices are but completing the survey should take no longer than 10 minutes and will be invaluable in helping us hold PCSE and NHSE accountable for the portal's performance. The [survey](#) will remain open until Friday 17 September.

### **ARM 2021**

The [BMA's Annual Representatives Meeting \(ARM\)](#) will be held on Monday 13<sup>th</sup> and Tuesday 14<sup>th</sup> September, as a virtual meeting. Representatives will come together for policy-making debates on issues including pay, [pensions](#), the [health and care bill](#), [climate change](#) and physician-assisted dying. You can follow a [live webcast](#) of the meeting and add your views on [Twitter](#), using #ARM2021.

[Listen](#) to my report to the ARM, in which I say: "The bullies, the critics, those who carped from the side lines and those who did so little to help and support a dedicated but overstretched workforce should all hang their heads in shame." – or [read the transcript >](#)

[Hear more from representative body acting chair Latifa Patel >](#)

A series of scientific lectures includes 'Obesity: causes and consequences' and 'The alcohol pandemic: before and after COVID-19'. [Find out more and register >](#)

### **Sessional GPs webinar – contracts**

A webinar will be held on 21 September, 6.30-8pm, about key contract issues for sessional GPs, including what to look out for when reading a new contract, common pitfalls to avoid and what support is available from the BMA. There will also be an update on NHS 111 contracts. Questions can be submitted in advance and there will also be an opportunity to ask questions during the event. Register your place [here](#)

### **BMA clinical academic trainees conference 2021**

Academic trainees: join us for an exciting evening event on *Wednesday 13 October 2021, 6.30 – 8.30 pm*, which aims to help you make the most of your academic training and develop your career. You'll hear from Dr Sarah Alderson, clinical associate professor in primary care at the University of Leeds, who'll be sharing tips for building an academic career and talking through her own career journey. Professor Fiona Denney, professor of business education at Brunel University London, will speak about developing leadership in academia. You'll also have the opportunity to hear from a range of other knowledgeable speakers and to join breakout discussions on getting published, wellbeing and writing successful grant applications. [Find out more and book your place.](#)



**Media**Face-to-face appointments

There were more press activity around face-to-face appointments in general practice over the weekend. [Pulse](#) covered GPs' frustrations at the attacks from a section of the press, as well as a [debate on in-person appointments](#). The Health Secretary reportedly said that practices must provide face-to-face appointments, prompting coverage in the [Telegraph](#) (also in print), [Daily Mail](#) (also in print). I said: "GPs share and understand the frustration of patients who are struggling to be seen at their practice, but blaming individual GPs is unfair – and making hardworking family doctors scapegoats for years of Government failings is completely unacceptable."

Wastage of AZ vaccine

The [Telegraph](#) (replicated on [Yahoo!](#)) reported on the loss of 800,000 doses of AstraZeneca vaccine across the UK, set to be thrown away having reached expiry date. I was quoted saying, "Vaccines are a precious resource and the key weapon in keeping Covid at bay and coming out of the pandemic, so as we've always said, wastage should be avoided at all costs. Practices and vaccine sites have throughout the campaign been doing their utmost to reach all eligible patients and improve take-up, but with national guidance changing around the use of AstraZeneca in younger groups it's unsurprising that some places will have doses left over. It was therefore incredibly concerning to learn last month that where this had happened the excess jabs were not being picked up and redistributed where they were needed - despite sites doing everything right by notifying authorities when they had leftover stock. The Government should be putting into action plans to use any excess vaccines elsewhere; it's indefensible if such an extraordinary number of doses have been left to expire and be thrown away."

GPC England

[GP online](#) and [Medscape](#) reported on the GPC England vote last week to resume holding formal meetings with NHSE/I.

UK GP training

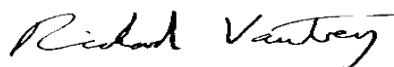
The BMA has been mentioned across the [Portuguese media](#) after [responding to claims](#) by the country's minister for Science, Technology and Higher Education that GP training in the UK is less demanding than for other medical specialities. In a statement, Dr Samira Anane, GPC policy lead for education, training and workforce, said: "It's completely inaccurate to describe GP training in the UK as less demanding than for other medical specialties, which does a severe disservice to our highly-skilled family doctors working in practices across the country." Read the full statement [here](#).

Read the GP bulletin [here](#).

We would encourage LMCs to share this GPC update with GPs and practices.

Have a good weekend.

Richard



Richard Vautrey  
Chair, BMA GPs committee